

CAPTAIN

California Autism Professional Training and Information Network

Boot Camp

Presented by
CAPTAIN Leadership

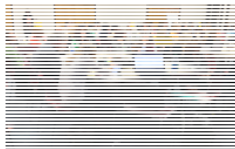
Welcome New Cadre Members!

Cadre members:

- Nominated by SELPAs, Regional Centers, and Family Resource/Family Empowerment Centers
- Will receive training through our annual summit
- Will learn about the NPDC-ASD and CAPTAIN training materials
- Will assist with the statewide distribution of the EBPs by providing support and training locally

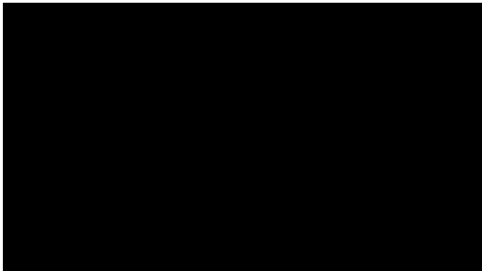
What is CAPTAIN?

CAPTAIN is a multiagency network developed to support the understanding and use of Evidence-Based Practices for individuals affected by Autism Spectrum Disorder across the state.



4

CAPTAIN Video



5

CAPTAIN Vision

Develop a statewide training and technical assistance network with a focus on

Evidence-Based Practices

for individuals impacted by **ASD**

inclusive of stakeholder agencies who will disseminate information at a local level.

6

CAPTAIN Goals

Goal 1: Increase knowledge about ASD and EBPs through systematic dissemination of information

Goal 2: Increase implementation and fidelity of EBPs in schools and communities

Goal 3: Increase interagency collaborations to leverage resources and standardize a process for using EBPs

7

All Cadre Must..


- Complete “ASD Across the Lifespan” online class through Coursera (New members only)
- Complete annual CAPTAIN online survey
- Participate in annual CAPTAIN Summit
- Participate in local CAPTAIN collaborative meetings/activities to implement local plans (at least quarterly)

8

What are Evidence-Based Practices?

- Are practices for which there is scientifically-based research that demonstrates efficacy for individuals with ASD
- Rely on the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge for intervention and educational activities and programs

NPDC Definition of EBP:



THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON
AUTISM SPECTRUM DISORDERS

“Focused intervention practices that have substantial evidence for effectiveness in promoting positive outcomes for learners with ASD”

10

Why Evidence Based Practices?

- Treatments for ASD are more diverse than any other known disability
- Treatment claims range from amelioration to recovery
- Many interventions with little or no scientific evidence are recommended for individuals with ASD

How many results do you think you would get if you did a Google search for:

“AUTISM TREATMENT”?



Google

AUTISM TREATMENT

All

News

Images

Books

Videos

More

Settings

Tools

About 181,000,000 results (0.74 seconds)

Autism Treatment In Palo Alto | Don't Just Survive, THRIVE

www.abbeyneuropsychologyclinic.com/Autism/Treatment

Assessment & Treatment for Autism. +10 Years Experience in Neuropsychology.

RESULTS: 181,000,000 FOR AUTISM TREATMENT ON November 4, 2018!!!!

www.studypages.com/the-brain-study

Join this study on the Big Brain form of autism to improve prognosis and treatment. Work with the UC Davis MIND Institute on this important study in Sacramento. Steps: Fill Out A Simple Template & Attach Images, Share Your Unique StudyPage Link, StudyPages Dashboard Displays Robust Analytic.



Knowing of these EBPs:

- helps us know which treatments have **evidence of effectiveness** and which treatments do not
- allows us to make **informed decisions** when we select treatments
- provides us with the opportunity to support individuals with ASD in **reaching their full potential**



Why Use Evidence Based Practices?

- Because many state and federal laws, mandates, education code exist that require us to use evidence-based practices based on peer-reviewed research.
- For example.....

IDEA 2004 * Sec. 300.320 Definition of Individualized Education Program.....

.....(4) A statement of the special education and related services and supplementary aids and services, **based on peer-reviewed research** to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child--

- (i) To advance appropriately toward attaining the annual goals;
- (ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and
- (iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section;.....

IDEA 2004

Part C: Infants and Toddlers with Disabilities

SEC. 635. REQUIREMENTS FOR STATEWIDE SYSTEM

(a) In General.--A statewide system described in section 633 shall include, at a minimum, the following components:

(2) A State policy that is in effect and that ensures that appropriate **early intervention services based on scientifically based research**, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State and infants and toddlers with disabilities who are homeless children and their families.

SEC. 636. INDIVIDUALIZED FAMILY SERVICE PLAN

(d) Content of Plan.--The individualized family service plan shall be in writing and contain--

(4) a statement of specific **early intervention services based on peer-reviewed research**, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;

Every Student Succeeds Act

(ESSA)

S.1177-290

(21) EVIDENCE-BASED.--

(A) IN GENERAL.--Except as provided in subparagraph

(B), the term '**evidence-based**', when used with respect to a State, local educational agency, or school activity, **means an activity, strategy, or intervention that--**

(i) **demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on--**

I) **strong evidence** from at least 1 well designed and well-implemented experimental study;

II) **moderate evidence** from at least 1 well designed and well-implemented quasi-experimental study; or

(III) **promising evidence** from at least 1 well designed and well-implemented correlational study with statistical controls for selection bias; or

(iii)(I) demonstrates a rationale **based on high quality research findings** or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and

(II) includes ongoing efforts to examine the effects of such activity, strategy, or intervention.

CA ED CODE 56345

(4) A statement of the special education and related services and supplementary aids and services, **based on peer-reviewed research to the extent practicable, to be provided to the pupil**, or on behalf of the pupil, and a statement of the program modifications or supports for school personnel that will be provided to enable the pupil to do the following:

(A) To advance appropriately toward attaining the annual goals.

(B) To be involved in and make progress in the general education curriculum in accordance with paragraph (1) and to participate in extracurricular and other nonacademic activities.

(C) To be educated and participate with other individuals with exceptional needs and nondisabled pupils in the activities described in this subdivision.

19

The Lanterman Developmental Disabilities Act

- Is a California law passed in 1969, that gives people with developmental disabilities the right to services and supports that enable them to live a more independent and normal life
- The Lanterman Act is codified in the Welfare and Institutions Code and has been amended several times since its passage, including...

20

Welfare & Institutions Code 4686.2(b)


Effective July 1, 2009... regional centers shall:

*(1) Only purchase ABA services or intensive behavioral intervention services that reflect **evidence-based practices**, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions..."*

21

Health and Safety Code Section 1374.73

(c) (1)(C) (iii) Provides intervention plans that utilize **evidence-based practices**, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.



EBPs Are Aligned with These Initiatives, too!



Implementing EBPs Aligns With UDL

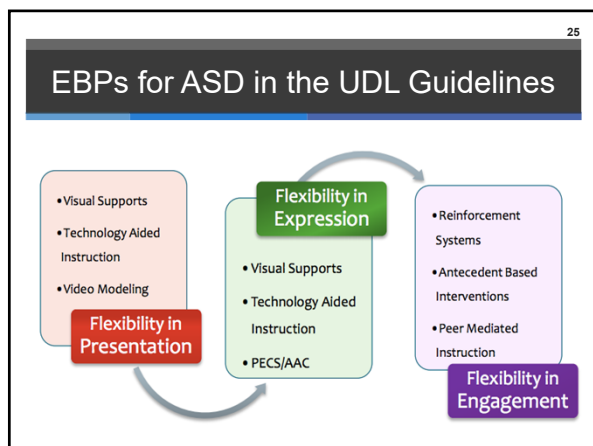
The principles of Universal Design for Learning (UDL) provide a framework for educators to use:

- multiple ways to teach the content
- multiple ways for students to demonstrate knowledge
- multiple ways to engage ALL learners



Using UDL Frameworks & EBPs for Autism

- There are more than 112, 318 students with ASD in CA Public Schools and that number is steadily growing which is 14.5% of total special education population (CDE, 2017)
- More than half of students with ASD have cognition in the average range (CDC, 2016)
- 40% are nonverbal
- Students with ASD can be supported in accessing the general education curriculum and the CA State Standards with the use of UDL and EBPs for Autism



Aligning with UDL

INFOGRAPHIC ON CAPTAIN WEBSITE

www.captain.ca.gov

Using Universal Design for Learning (UDL) Guidelines & Evidence Based Practices for Autism

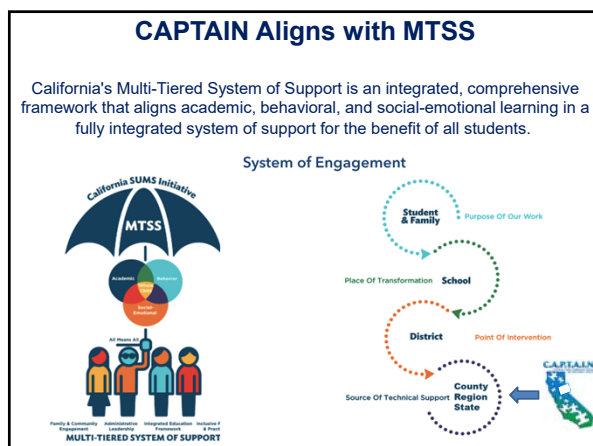
Why?

- There are 106,375 students with ASD in CA Public Schools and that number is steadily growing (CDE, 2013)
- More than half of students with ASD have cognition in the average range (CDE, 2013)
- Students with ASD can be supported in accessing the General Education Curriculum and the CA State Standards with the use of Universal Design for Learning (UDL) and Evidence Based Practices (EBPs) for Autism

EBPs for ASD in the UDL Guidelines:

To learn more about the EBPs for Autism visit: www.captain.ca.gov or participate in the free online learning modules at: <http://udlinfo.org/udlinfo/udlinfo>
Find resources and learn more about UDL through CDE's: <http://www.cde.ca.gov/udl/>

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Systematic Reviews of the Literature for Evidence Based Practices (EBPs)

- 2nd Review by National Standards Project, National Autism Center, Phase 2 (NSP2)
- 351 articles (ages 0-22) and 27 articles (ages 22+)
- Included studies if the interventions could be implemented in or by school systems, early intervention, home, hospital, vocational, and/or community-based programs or in clinic settings
- Reviewed studies published in peer reviewed journals between 2007 and February of 2012
- In 2015, 14 Established Interventions Under Age 22; 1 Established Intervention Age 22+



Systematic Reviews of the Literature for Evidence Based Practices (EBPs)

- 175 research studies reviewed by National Professional Development Center (NPDC)
- Included research for the years: 1997-2007
- In 2010, identified 24 EBPs



<http://autismpdc.fpg.unc.edu/>

The National Standards Project-Phase 2 (NSP2) Overall Findings for Individuals Under Age 22


- 14 Established Interventions
- 18 Emerging Interventions
- 13 Unestablished Interventions



The following interventions have been identified as falling into the Established level of evidence:

- Behavioral Interventions
- Cognitive Behavioral Intervention Package
- Comprehensive Behavioral Treatment for Young Children
- Language Training (Production)
- Modeling
- Natural Teaching Strategies
- Parent Training
- Peer Training Package
- Pivotal Response Training
- Schedules
- Scripting
- Self-Management
- Social Skills Package
- Story-based Intervention


14 ESTABLISHED INTERVENTIONS
(for individuals under age 22)



The following interventions have been identified as falling into the Emerging level of evidence:

- Augmentative and Alternative Communication Devices
- Developmental Relationship-based Treatment
- Exercise
- Exposure Package
- Functional Communication Training
- Imitation-based Intervention
- Initiation Training
- Language Training (Production & Understanding)
- Massage Therapy
- Multi-component Package
- Music Therapy
- Picture Exchange Communication System
- Reductive Package
- Sign Instruction
- Social Communication Intervention
- Structured Teaching
- Technology-based Intervention
- Theory of Mind Training


18 EMERGING INTERVENTIONS
(for individuals under age 22)



The following interventions have been identified as falling into the Unestablished level of evidence:

- Animal-assisted Therapy
- Auditory Integration Training
- Concept Mapping
- DIR/Floor Time
- Facilitated Communication
- Gluten-free/Casein-free diet
- Movement-based Intervention
- SENSE Theatre Intervention
- Sensory Intervention Package
- Shock Therapy
- Social Behavioral Learning Strategy
- Social Cognition Intervention
- Social Thinking Intervention

13 UNESTABLISHED INTERVENTIONS
(for individuals under age 22)



37

NSP2 Example

Modeling

Established Interventions

Basic Facts

Delivered Interventions

One of the most effective ways to teach someone what to do is to show him or her how to do it. The goal of modeling is to correctly demonstrate a target behavior to the person observing the new skill, and then have him or her imitate the model. Children can learn a great deal by observing the behavior of parents, siblings, peers, and teachers. But they often need to be taught what behaviors should be avoided.

Number of studies reviewed:
yes: 51 **no:** 38

Effective ages: Children and adolescents 9-18 years

Skills increased:

- higher cognitive functions (HCF)
- academic (ACD)
- communication, interpersonal, personal responsibility, and other (COPRO)

Behavioral decreased:

- problem behaviors (PBH)
- anxiety or emotional regulation (AER)

There are two types of modeling—live and video modeling.

Live modeling occurs when a person demonstrates the target behavior in the presence of the child with autism spectrum disorder (ASD). When providing live modeling:

- Clearly outline, in writing, the target behavior to model.
- Ensure all individuals involved in the target behavior are doing so in a consistent manner, using the target for positive reinforcement, modeling to practice together to make certain each person provides the same model.
- Observe the child's attention prior to modeling the target behavior.
- Develop a plan to help or stop the use of modeling to encourage the child to independently display the target behavior.

Video modeling occurs when you give record a person demonstrating the target behavior. Video modeling can be a good option for children/adolescents who are nonverbal or have limited verbal skills. When using video modeling as a modeler (i.e., television screen, computer monitor, video recorder, etc.), some adaptations/strategies may apply according to the production of the video.

38

Research Findings for Adults (22+ Years)

Established Interventions for Adults

The only intervention to be identified as Established for individuals ages 22 years and older is Behavioral Interventions. The Behavioral Intervention category consists of applied behavior analytic interventions to increase adaptive behaviors and decrease challenging behaviors. Examples of specific strategies identified in the 17 articles supporting Behavioral Interventions are provided in the table on the following page.

Emerging Interventions for Adults

Emerging Interventions are those for which one or more studies suggest they may produce favorable outcomes. However, before we can be fully confident that the interventions are effective, additional high quality studies are needed that consistently show these interventions to be effective for individuals with ASD. Based on the available evidence, we are not yet in a position to rule out the possibility that Emerging Interventions are, in fact, not effective.

The following intervention has been identified as falling into the Emerging level of evidence:

- Vocational Training Package

Unestablished Interventions for Adults

Unestablished Interventions are those for which there is little or no evidence in the scientific literature that allows us to draw firm conclusions about their effectiveness with individuals with ASD. There is no reason to assume these interventions are effective. Further, there is no way to rule out the possibility these interventions are ineffective or harmful.

The following interventions have been identified as falling into the Unestablished level of evidence:

- Cognitive Behavioral Intervention Package
- Modeling
- Music Therapy
- Sensory Integration Package

39

Another Resource for Older Individuals with ASD

<http://csesa.fpg.unc.edu/>

CSEA LIVE LOGIN Access for CSEA Schools

CSEA
The Center on Secondary Education for Students with Autism Spectrum Disorder

ABOUT THE CENTER OUR TEAM RESOURCES PARTNER WITH CSEA

CSEA Launches in 30 Schools
CSEA is off and running! The CSEA research team is collaborating with 30 high schools across the country in the 2014-2015 school year.

[View Center Activities](#) [Read more](#)


40

National Professional Development Center


In 2014, 27 EBPs:

- 2nd review by NPDC (Mar 2014)
- Included 22 years, 1990-2011
 - 29,101 possible studies → 456 studies
 - RCT, quasi-experimental, single case design
- Strength of evidence for assessment
- Based on number & type of studies using each EBP

<http://autismpdc.fpg.unc.edu/node/21>



NPDC Criteria for EBP

 THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON AUTISM SPECTRUM DISORDERS

To be considered an EBP for individuals with ASD, efficacy must be established through peer-reviewed research in scientific journals with:

At least two high quality experimental or quasi-experimental group design articles conducted by at least two different researchers or research groups

OR

At least five high quality single case design articles conducted by at least three different researchers or research groups having a total of at least 20 participants across studies

OR

A combination of at least one high quality experimental or quasi-experimental group design article and at least three high quality single case design articles conducted by at least two different research groups

WHAT CRITERIA DETERMINED IF AN INTERVENTION WAS EFFECTIVE?

2

Randomized or Quasi-experimental Design Studies

1

+

3

Combination of Evidence

5

Single-subject Design Studies

Criteria for Qualification

As An Evidence-based Practice

27 Evidence – Based Practices (2014)

Antecedent-based interventions	Pivotal response training
Cognitive behavioral intervention	Prompting
Differential reinforcement	Reinforcement
Discrete trial training	Response interruption/redirection
Exercise	Scripting
Extinction	Self-management
Functional behavior assessment	Social narratives
Functional communication training	Social skills training
Modeling	Structured play groups
Naturalistic interventions	Task analysis
Parent-implemented intervention	Technology-aided intervention/instruction
Peer-mediated instruction/intervention	Time delay
Picture Exchange Communication System™	Video modeling
	Visual supports

23 of 27 EBPs Were Researched In School Based Settings

- | | |
|-----------------------|----------------------|
| 1. ABI (15 studies) | 12. PP (9 studies) |
| 2. DRO (3 studies) | 13. PRT (4 studies) |
| 3. DTT (2 studies) | 14. R+ (8 studies) |
| 4. ECE (3 studies) | 15. SM (3 studies) |
| 5. EXT (2 studies) | 16. SN (10 studies) |
| 6. FBA (5 studies) | 17. SST (5 studies) |
| 7. FCT (3 studies) | 18. SPG (2 studies) |
| 8. MD (1 study) | 19. TA (3 studies) |
| 9. NI (1 study) | 20. TAI (9 studies) |
| 10. PMII (10 studies) | 21. TD (5 studies) |
| 11. PECS (3 studies) | 22. VM (9 studies) |
| | 23. VS (10 studies) |

4 EBPs not yet researched in school settings:
CBI, PII, RIR, SC

Fact Sheets Available for All of the 27 EBPs



- Definition of the intervention
- Age range of participants
- Type of outcomes it has generated
- Citations for the specific articles that provide the evidence for the efficacy of the practice

National Clearinghouse on Autism Evidence and Practice

- National Clearinghouse on Autism Evidence and Practice (NCAEP) was formed with the purpose of providing a continuation of the NPDC critical reviews
- NCAEP will review research studies published in the last five years (2012-2017) which examine the impact of behavioral, educational, clinical and developmental practices and service models used with individuals on the ASD from birth through age 21

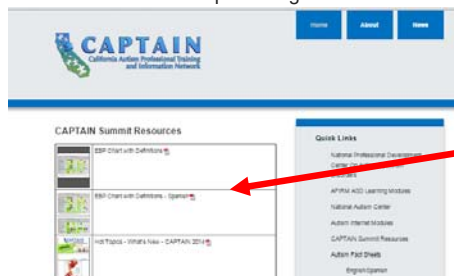
Hopes to publish a report in 2018

Selecting an EBP

- EBPs are used to advance goals which are tied to standards
- Ask: What is our goal/objective targeting?
 - Consider the specific IEP goals and related objectives
- Ask: What are our options?
 - Look at the domain that the specific goal relates to

27 EBPs Matrix Available on the CAPTAIN Website English and Spanish!

www.captain.ca.gov



Evidence Based Practice and Abbreviated Definition	Evidence by Developmental Domain and Age (years)														ESQ Quality
	Social	Comm.	Beh.	Joint Attn.	Play	Cog.	School Ready	Acad.	Motor	Adapt.	Inc.	ESQ Quality	ESQ Quality	ESQ Quality	
Antecedent Based Intervention (ABI) Arrangement of the environment to encourage behavior to prevent or reduce occurrence	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Cognitive Behavioral Intervention (CBI) Instruction on cognitive processes leading to changes in behavior	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/DRI) Consequences provided for desired behaviors that reduce the occurrence of interfering behaviors	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Discrete Trial Teaching (DTT) Instructional process of repeated trials, consisting of instruction, response, and consequence	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Exercise (EXE) Antecedent based physical exercise to reduce interfering behaviors or increase appropriate behavior	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Extinction (EXT) Removal of existing reinforcement in order to reduce an interfering behavior	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Functional Behavior Assessment (FBA) Systematic process designed to identify contingencies that maintain an interfering behavior	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Function Communication Training (FCT) Reinforcement of an interfering behavior with communication that accomplishes the same function	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Modeling (MOD) Demonstration of a desired behavior that results in skill acquisition through learner imitation	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Naturalistic Intervention (NI) Intervention strategies that occur with the learner's ongoing play and routine	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Parent-Implemented Intervention (PII) Focus on desired intervention learned through a structured parent training program	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Peer-Mediated Instruction and Intervention (PMII) Typically developing peers are taught strategies that increase social learning opportunities in natural environments	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Picture Exchange Communication System (PECS) Systems a picture prompt teaching the functional use of pictures between communication partners	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5

www.captain.ca.gov

Evidence Based Practice and Abbreviated Definition	Evidence by Developmental Domain and Age (years)														ESQ Quality
	Social	Comm.	Beh.	Joint Attn.	Play	Cog.	School Ready	Acad.	Motor	Adapt.	Inc.	ESQ Quality	ESQ Quality	ESQ Quality	
Prosocial Behavior Training (PBT) Prosocial learning variable guide intervention implemented in settings that build on learner interests and abilities	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Prompting (PP) Tactile, physical or physical assistance that supports skill acquisition	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Reinforcement (RE) A response occurring after a behavior resulting in an increased likelihood of future occurrence of the behavior	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Response Interruption/Redirection (RIR) Use of prompts or distractors during an interfering behavior that directs attention and reduces the behavior	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Scripting (SC) A verbal or written model of a skill or situation that is presented before use in context	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Self-Management (SM) Instruction on discrimination between appropriate and inappropriate behaviors and supports self-monitoring and accepting of behavior	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Social Narratives (SN) Descriptions of social situations with examples of appropriate responses	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Social Skills Training (SST) Direct instruction on social skills with rehearsal and feedback to increase positive peer interaction	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Structured Play Group (SPG) Adult lead small group activities that include typically developing peers and one participant with targeted impairments	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Task Analysis (TA) The process of breaking a skill into small steps that are sequentially chained together	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Technology-Assisted Instruction and Interventions (TAII) Instructional media designed as a replacement	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Video Delay (VD) Showing a prompt during a practice opportunity in order to build the use of prompts	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Video Modeling (VM) A video recording of a targeted skill that is viewed to assist in learning	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Visual Support (VS) Visual display that supports understanding and use	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5

www.captain.ca.gov

54

Selecting an EBP

Next, make a decision based on:

- The skills being taught
- Your professional wisdom
- The learner's learning style
- The learner's temperament
- The learner's interests and motivators
- Supports already in place
- History of what has and hasn't worked

55

Selecting EBPs

AFIRM

AFIRM
E-LEARNING MODULE

00:00

05:08

HD

CC

<https://afirm.fpg.unc.edu/selecting-ebp>

56

Let's Practice!

Goal: Lucia (age 8) will respond to peer's questions and comments with eye contact and appropriate phrases or sentences.

What is the goal we are targeting?


What are the options?

Let's Practice!


Evidence Based Practice and Abbreviated Definition	Evidence by Developmental Domain and Age (years)														57
	Social	Communication	Self	Peer	Play	Eng.	School	Acad.	Motor	Adapt.	Em.	Health	57	57	
Antecedent Based Intervention (ABI)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Cognitive Behavioral Intervention (CBI)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/OI)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Discrete Trial Teaching (DTT)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Extinction (EXT)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Extinction (EXT)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Extinction (EXT)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Functional Behavioral Assessment (FBA)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Functional Communication Training (FCT)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Holding (HI)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Individualized Intervention (II)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Parent-Implemented Intervention (PII)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Peer-Mediated Instruction and Intervention (PMII)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Picture Exchange Communication System (PECS)	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5

Implementation Fidelity is Critical!

What does this mean?




"Implementing an intervention in the same manner in which it was done in the evidence-based research"




Implementation Fidelity is Critical!

How implementation fidelity achieved:




1. Use Implementation Checklists for the EBP to capture fidelity of implementation
2. Refer to EBP Fact Sheets
3. Use AFIRM self-learning modules on EBPs
4. Attend training on the EBPs
5. Access coaching on the EBP until fidelity is attained



60

How Can You Learn About the EBPs?



[Home](#)
[About](#)
[News](#)

Welcome


CAPTAIN is a multiagency network developed to support the understanding and use of Evidence Based Practices for individuals affected by Autism Spectrum Disorder across the state.

CAPTAIN is dedicated to the following:

- Providing statewide access to trainings and resources in Evidence Based Practices (EBPs) that are culturally sensitive, family centered, cost effective, and competency based.

Quick Links

- National Professional Development Center On Autism Spectrum Disorders
- AFIRM ASD Learning Modules
- National Autism Center
- Autism Internet Modules



FREE High Quality Training:
Autism Focused Intervention Resources and Modules (AFIRM)

Designed to help you learn the step-by-step process of planning for, using, and monitoring EBPs with learners with ASD from birth to 22 years of age




There's a Learning Module for each of the 27 EBPs

AFIRM Autism Focused Intervention Resources and Modules

[www.captain.ca.gov](http://afirm.fpg.unc.edu/afirm-modules)
<http://afirm.fpg.unc.edu/afirm-modules>

62

Autism Focused Intervention Resources and Modules: AFIRM




Autism Focused Intervention Resources and Modules

- In each module:
 - Key components of an EBP including various ways to use it
 - Behaviors and skills that can be addressed using the practice
 - A step-by-step process for applying the practice
 - Downloadable resources

63

Professional Development Certificate

CEUs count for:
 BCBA Type 2
 ASHA CCCs



Certificate Track <ul style="list-style-type: none"> Case examples demonstrating the use of the EBP Multimedia presentation Pre-test required Post-assessment required Evaluation required 	Non-Certificate Track <ul style="list-style-type: none"> Case examples demonstrating the use of the EBP Multimedia presentation Pre-test required Post-assessment optional Evaluation optional
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AFIRM
Autism Focused Intervention Resources & Modules

This overview brief will support your use of the evidence-based practice: Visual Support.

For more information visit:
www.afirm.org/au.edu

Visual Support (VS)

Visual Support (VS) —EBP Brief Packet—

Components of the EBP Brief Packet...

This evidence-based practice overview on Visual Support (VS) includes the following components:

- Overview:** A quick summary of salient features of the practice, including what it is, who it can be used with, what skills it has been used with, and pathways for materials.
- Evidencebase:** The VS Evidencebase details the NRC criteria for inclusion in an evidence-based practice and the specific studies that meet the criteria for this practice.
- Step-by-Step Guide:** Use the VS Step-by-Step Practice Guidelines as an outline to help plan for, use, and monitor VS. Each step includes a brief description as a helpful reminder while learning the process.
- Implementation Checklist:** Use the VS Implementation Checklist to determine if the practice is being implemented as intended.
- Data Collection Sheets:** Use the data collection sheets as a method to collect and analyze data to determine if progress is being made for a learner with ASD.
- Tip Sheet for Professionals:** Use the VS Tip Sheet for Professionals as a supplemental resource to help provide basic information about the practice to professionals working with the learner with ASD.
- Parent Guide:** Use the VS Parent Guide to help parents or family members understand basic information about the practice being used with their child.
- Additional Resources:** Use the Additional Resources to learn more about the practice.
- CDC Standards:** A list of CDC Standards that apply specifically to VS.
- Module Reference:** A list of material referenced for the VS module.

Suggested citation:
Smith, A., & AFIRM Team (2015). Visual supports. Chapel Hill, NC: National Professional Development Center on Autism Spectrum Disorder, (PDC). Child Development Center, University of North Carolina. Retrieved from <http://afirm.org/au.edu/autism-supports>

Visual Support National Professional Development Center on ASD 2016 1 1/23

Includes EBP BRIEF PACKET

AFIRM Resources

Select a key word to search for AFIRM resources or filter AFIRM resources by category.

Keyword Search

Apply

Browse by Module

- Antecedent-based Intervention
- Exercise
- Functional Behavior Assessment
- Modeling
- Peer-Mediated Instruction and Intervention
- Picture Exchange Communication System
- Prompting
- Reinforcement
- Self-management
- Social Narratives
- Social Skills Training
- Task Analysis
- Time Delay
- Visual Supports

Browse by Module Lesson

- Lesson 1 - Basics
- Lesson 2 - Planning for the Practice
- Lesson 3 - Using the Practice
- Lesson 4 - Monitoring Progress
- Additional Materials

Browse by Document Type

- Evidence-base
- Implementation checklist
- Parent's guide
- Professional standards
- Step-by-Step practice guide
- Tip sheet for professionals
- EBP Brief Packet

Implementation Resources

Implementation Checklists

- Used to assist with planning for EBP use
- Helps implementers self reflect on fidelity of use
- Helps coaches give objective feedback
- Helps to prevent drift

Visual Supports (VS) —Implementation Checklist—

Before you start:	Observation				
	Date	1	2	3	4
Have you...					
Identified the behavior?					
Collected baseline data through direct observation?					
Established a goal or outcome that clearly states where the behavior will occur, what the target skill is, and how the team will know when the skill is mastered?					
If the answer to any of these is "no", refer to the "Selecting EBP" section on the website.					
Step 1: Planning					
1.1 Identify visual supports needed to acquire or maintain target skills.					
1.2 Develop/prepare visual support for learner based on individualized assessments.					
1.3 Organize all needed materials.					
Step 2: Using					
2.1 Teach learner how to use visual support.					
2.2 Implement visual support in learner's environment.					
2.3 Use visual support to teach learner to use visual support.					
2.4 Use visual support to encourage learner to use visual support.					
2.5 Use visual support to monitor learner's use of visual support.					
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Data Forms

[illegible][illegible]



NPDC-ASD Early Start Website

<http://asdttoddler.fpg.unc.edu>



ASD toddler initiative



THE UNIVERSITY
OF NORTH CAROLINA
AT CHAPEL HILL



AUTISM SPEAKS
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[Learning Modules](#)
[About the Project](#)
[Project Resources](#)



Promoting evidence-based practices
EBPs for young children, ages birth to 3, with
Autism Spectrum Disorder (ASD)

THE MOST IMPORTANT REASON TO USE EVIDENCE BASED PRACTICES/INTERVENTIONS?



Because They Work!!!!!! 😊

L TSAE

CDC's **"Learn the Signs. Act Early."** program aims to improve early identification of children with autism and other developmental disabilities so children and families can get the services and support they need.



L TSAE Materials

Designed for use by:

- Parents
 - Books, growth chart
- Professionals
 - How to discuss milestones
 - Tip sheets
- Parents and Professionals
 - Tracking tools




CAPTAIN Regional Brochures

<http://www.captain.ca.gov/LTSAE-brochures.html>



73

www.captain.ca.gov



Home

Use these Quick Links on the CAPTAIN website to access these EBP resources.

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74




Wrap Up







Unless you're using evidence-based procedures, I can't hear a word you're saying.


STAY CONNECTED and UP-TO-DATE!

Follow us! Like us!



www.captain.ca.gov



25



***"Children and families
cannot benefit from
evidence-based practices that they do not
experience."***

-Dean Fixsen, NIRN, 2006